

Correspondence

Immunomodulatory systemic therapies in dermatology and response to COVID-19 vaccination

DOI: 10.1111/ddg.14761

Dear Editors,

We would like to share our ideas on the article “Vaccine response against SARS-CoV-2 under immunomodulatory systemic therapies in dermatology” [1]. Didona et al. discuss the effects of some important drug therapies and their possible reduction on COVID-19 vaccine efficacy. We agree that they might affect immunomodulatory systemic therapies. In theory, immunomodulatory therapy has been proposed as a possible counteraction mechanism to COVID-19 and it is presently being used as an alternative therapy for COVID-19 [2]. Hence, there is no doubt that immunomodulatory therapy might affect the immunogenicity of the COVID-19 vaccine. Didona et al. give some supportive evidence from some previous publications. However, these articles usually lack data on pre-vaccination immune status. The background immune status of the vaccine recipient is an important determinant of the immune response to COVID-19 vaccine. Also, the previous studies may include cases with other concurrent medical disorders that might affect immune response. Further prospective studies with pre- and post- COVID-19 vaccination-status dermatological patients with immunomodulatory systemic therapies should be conducted.

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- 2 Rodríguez Y, Novelli L, Rojas M et al. Autoinflammatory and autoimmune conditions at the crossroad of COVID-19. *J Autoimmun* 2020 Nov; 114: 102506.

Authors' reply

Dear Editors,

We are thankful for the important comment of Mungmunpuntipantip et al. The colleagues highlighted that background immune status of the vaccine recipient plays a pivotal role in the immune response to COVID-19 vaccines. We surely agree with this statement and therefore, we included the conclusions of several studies conducted on different groups of immunosuppressed patients in our letter, including solid organ transplant patients and patients with autoimmune or chronic inflammatory conditions under therapy [1, 2]. Although no individual immune status was thoroughly investigated in these individuals before vaccination, some generalizations may be acceptable to guide our decisions in these dermatological patients during the pandemic. However, due to the word limit of letters in this journal, we were not able to elaborate on this in more detail. Our letter focuses on practical recommendations on timing and administration of SARS-CoV-2 vaccination in dermatological patients on immunomodulatory therapies. In the clinical practice, an evaluation of the immune status before and four weeks after the third administration of SARS-CoV-2 vaccination is currently recommended in Germany in patients on therapies only that lead to a relevant limitation of vaccination response [3]. Of note, our reply to the correspondence was submitted to the journal in October 2021. Since the situation with SARS-CoV-2 develops so quickly and quite divergent in different parts of the world, please always double-check our statements against the latest recommendations. Even during preparation of our initial letter on this topic, we had to change the wording multiple times, since novel studies and recommendations were published almost every day.

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